

**IN THE COURT OF COMMON PLEAS  
DIVISION OF DOMESTIC RELATIONS  
MAHONING COUNTY, OHIO**

**Judge Beth A. Smith**

**Completed by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Case No.** \_\_\_\_\_

**FAMILY INFORMATION SHEET**

**Plaintiff/Petitioner's Name:** \_\_\_\_\_

Address: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone No. \_\_\_\_\_

Pay Period \_\_\_\_\_ Health Insurance: \_\_\_\_\_ Available \_\_\_\_\_ Not Available

**Defendant/Petitioner's Name:** \_\_\_\_\_

Address: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone No. \_\_\_\_\_

Pay Period \_\_\_\_\_ Health Insurance: \_\_\_\_\_ Available \_\_\_\_\_ Not Available

**Children of the Marriage:**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_